
Form 303 Household Hazardous Waste Collection Information For Fiscal Year 2003/04

Introduction

Purpose of Form 303

Each jurisdiction in California is required by the California Integrated Waste Management Board (CIWMB) to report information annually on the collection of household hazardous waste (HHW) using the Form 303. The form is specifically intended to fulfill reporting requirements of the Household Hazardous Waste Element of the Countywide Integrated Waste Management Plans. It also contributes to the database the CIWMB and Department of Toxic Substances Control (DTSC) are mandated to develop and maintain for all HHW collection events, facilities, and programs within the state. The completed Form 303 must be submitted annually.

The completed form for the program sponsored in the previous fiscal year, starting July 1 and ending June 30 is **due** on the **first Monday of October**.

Instructions

Complete Form 303 Parts B to F. **Submit one Form 303 per each program type and list the designated EPA identification number.**

Please do not consolidate all HHW collections from each program type into one form that represents all program types. Only one form is to be filled out for each program type. If you have more than one program type submit a form for each. If for example, you sponsor four (4) permanent facilities, complete and submit one (1) Form 303 for that program type.

Send to

Department of Toxic Substances Control
Regulatory Program Development Branch
Household Hazardous Waste Unit, 11th floor
P.O. Box 806
Sacramento, CA 95812-0806
Attn: Mary Misemer

A. Reporting Requirement

One Form 303 must be completed for each program type.

If your agency did not have a collection program or was not the lead for a HHW collection, complete Part B and return the Form 303 to DTSC at the address shown above.

Complete Part B through F if your agency collected HHW and is the lead agency. Return the completed Form 303(s) to DTSC at the address shown above.

B. JURISDICTION

Public Agency	
Program Service Area	
Mailing Address	
City	
State	
Zip	
County	
Contact Person	
Phone	()
Fax Number	
E-mail Address	

C. PROGRAM TYPE

Check the program type being reported (Use separate forms for each program type):

☐ Permanent ☐ Temporary (periodic) ☐ Recycle only program ☐ Mobile
☐ Curbside (other than oil) ☐ Door to Door ☐ Other (Explain) _____

D. EPA ID Number

E. PARTICIPATION

Enter the total number of participants:

Permanent:	Temporary (periodic):	Mobile:
Curbside:	Recycle only:	Door to Door:
Other (explain):		